

Little Learners Academy, LLC Employment Application
1405 Broadway St, Alexandria, MN 56308
320.763.4927

Date of Application: _____

Name: _____ Date of Birth: _____
First Middle Last

Present Address: _____
Street Apt # City

_____ Email: _____
Sate Zip Code County

Driver's License #: _____ Social Security #: _____

Telephone Number: (____) _____ - _____ Job Applied for: _____

Availability: (Mon-Fri 515a-7p) possible Check here if available anytime

Monday		Tuesday		Wednesday		Thursday		Friday	
From	To	From	To	From	To	From	To	From	To

Record of Education:

	School & City	Major	Minor	Diploma/ Degree
High School				
Undergraduate				
Graduate				

**Supply unofficial transcripts*

Past Employment:

Are you currently Employed? YES NO

Company & Phone Number	From – To <small>month year month year</small>	Reason for Leaving	Name of Supervisor

Personal References: (not former employers or relatives)

Name and Address	Occupation	Telephone Number

PERSONAL INTERVIEW:

Have you ever been discharged or forced to resign from prior employment? Yes No
If yes, explain _____

First-Aid/CPR Certified? Yes No If no, are you willing at own expense? _____

SUIDS/AHT Certified? Yes No If no, are you willing at own expense? _____

Are you able to lift up to 25lbs? Yes No

Have you ever been convicted of a crime? YES NO

Are you willing to complete a Background Check? YES NO

If NO, is anything you want us to be aware of prior to submitting a background check please explain:

CHILD CARE:

What skills do you possess which make you exceptionally well suited for a position in childcare?

Experience in the field – anytime you’ve worked with children in a licensed facility.

Age Group Preference:

6wks to 16months Infants 16months to 33months Toddlers 33months to 5yrs Preschool

What type of behavior guidance would you use with the following age groups of children?

Infant’s _____ Toddler’s _____

Preschooler’s _____ School-Age _____

List any special concerns you wish to discuss at a personal interview, if called.

Do you have any known medical conditions or allergies or currently under doctor’s care?

The statements made and information given in this application is, to the best of my knowledge, true, accurate, and complete. I understand they will be subject to verification by Little Learners Academy. I authorize Little Learners Academy to perform background/reference checks as they deem necessary, and I release them of any liability for it.

SIGNATURE OF APPLICANT

_____/_____/_____
DATE

PLEASE ATTACH UNOFFICIAL COLLEGE TRANSCRIPTS